

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA 1200 54095

Date In: 24/6/20 15:02	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000 6623144	SAS e-filing		
Veh No: YR 1518G	E-mail (within 3hrs, A/C 2hrs)		
TPA: 23/6/20 12:25	1-Motor Claim Form	MT/1095231-001	24/6/20 17:06
Old - TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: SMD 8639 E	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC 6623144)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

NA 200 3362	Invoice Preparation Checklist	Am't (\$)	Ass't Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	2000	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Eng-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant assist: INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N14): TP (N-in INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	24/06/2020 15:02
Date Of Accident	23/06/2020 12:25
Exact Location Of Accident	DUXTON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1518G
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#### Insured/Policyholder

Name Of Registered Owner	JACOB TRANSPORTS SERVICES
Co Reg No	5XXXX685A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89222820

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5112143222
Cover Note Number	

#### Driver

Name of Driver	NATESAN AYYACHAMY JACOB
NRIC No	SXXXX325C
Date Of Birth	15/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89222820
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 23 BALAM RD #09-181
Postcode	370023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD8639E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

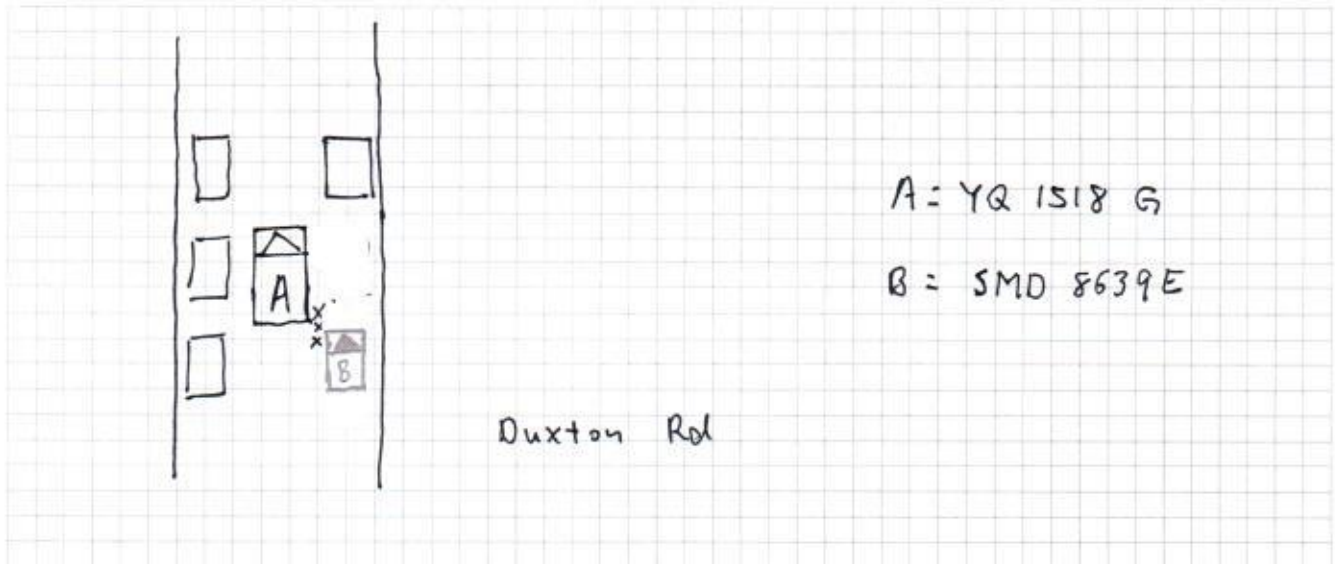


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Duxton Rd, the road was narrow and ~~very~~ both road side occupy by many parked Veh. When drove pass all the parked Veh, I never felt any impact. After I parked my Veh, A man come to me and told me, I had hit onto his veh left side mirror. My Veh not damage at all.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

N. A. Jacob

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5112143222

**Cover :** Third Party, Fire & Theft

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>YQ1518G</b>  |
| Chassis Number  | : FECX1HA25037  |
| 2. Name of Policyholder   | : JACOB TRANSPORTS SERVICES   |
| 3. Effective Date of Insurance  | : 27 Aug 2019   |
| 4. Expiry Date of Insurance   | : 26 Aug 2020   |
| 5. Persons or Classes of Persons entitled to drive#   |   |
| (a) The Policyholder.   |   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.                         |   |
|   | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use#   |   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. |   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.                     |   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INCOME-BRANCH SERVICES (00000991638)

Date of Issue : 23 Aug 2019 16:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

## ACCIDENT STATEMENT

ACCIDENT DATE: 23/06/2020 (DD/MM/YYYY), TIME: 12:25 (HH:MM)

LOCATION: DUXTON ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ1518G  
b) INSURANCE COMPANY: JACOB TRANSPORTS SERVICES  
c) POLICY NUMBER: 5112143222  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 89222820  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: NATESAN AYYACHAMY JACOB (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9655325C CONTACT: \_\_\_\_\_  
c) ADDRESS: BLK 23-AQ-181 BALAM ROAD

\*d) DATE OF BIRTH: 15/08/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Driver

f) YEARS OF DRIVING EXPERIENCE: 26 YEARS 119/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMD 8639E MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

fax =

VIDEO = Haven't Retrieve



## Claim Handling

## Accident MT/1095231

Policy No.	5112143222	Vehicle No.	YQ1518G	GST Registrati
Certificate No.				
Policyholder Name	JACOB TRANSPORTS SERVICES			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	89222820	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	24/06/2020 16:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/06/2020	Time of Accident hh:mm	12:25	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	DUXTON RD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History	24/06/2020 17:02:56 System changed GST Status Verified from No to Yes			

## ▼ Policyholder Mailing Address

Address 1	BLK 23 #09-181	Address 2	BALAM ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-181	Related Policy Number	S061439179-06	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NATESAN AYYACHAMY JACOB	Driver NRIC	SXXXX325C	Driver DOB
Register Date of Driver License	01/09/1997	Driver Age	69	Driving Exper
Contact No.(Mobile)	89222820	Contact No.(Office)		Contact No.(Ho
Address 1	BLK 23 #09-181	Address 2	BALAM ROAD	Address 3
Address 4	SINGAPORE 370023	Address Type	Singapore address	Post Code
Unit No.	09-181			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	JAI
Contact No.(Mobile)	98314004	Contact No. (Home)	
Email Address		OI Vehicle Number	YQ
Claim Description	YQ1518G / SMD8639E ON 23 Jun 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered	24/06/2020 17:05	GIA report	Received
Report Taken By	LJEW SHAN HUI		

☒ Print AK letter



Save Submit

## Attachment

Accident No.	MT/1095231	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/06/2020 17:06

Path *		Category *		Confider
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	NO
<a href="#">Message Board</a>				

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2020 17:06	SAS	Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2020 17:06	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2020 17:06	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2020 17:06	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2020 17:05	Photos	Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2020 17:05	Photos	Normal	Ph

## Video List

Uploaded By/Date	Folder Date	File Name	
			<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>